



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

Canc: Sep 2014
IN REPLY REFER TO
BUMEDNOTE 6000
BUMED-M3
26 Sep 2013

BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE READINESS MONITORING AND REPORTING

Ref: (a) DODI 6025.19 of January 3, 2006
(b) DODI 1322.24 of October 6, 2011
(c) BUPERSINST 1001.39F
(d) OPNAVINST 3501.347A
(e) OPNAVINST 3501.360
(f) OPNAV Memo 6300 Ser N931/065-11 of 8 Sep 2011
(g) BUMEDINST 6440.5C

1. Purpose. Per references (a) through (g), the Bureau of Medicine and Surgery (BUMED) establishes policy for Navy Medicine Readiness and Readiness Reporting.

2. Scope. This notice applies to all internal BUMED codes and Budget Submitting Office (BSO)-18 activities.

3. Background. Navy Medicine provides agile, adaptable, and scalable capabilities prepared to engage globally across the full range of military operations in support of National Defense Strategy. Navy Medicine reports status of readiness via:

a. Expeditionary Medicine Platform Augmentation Readiness Training System (EMPARTS) is the system of record by which Navy Medicine (BSO-18) readiness status is tracked and monitored.

b. Defense Readiness Reporting System-Navy (DRRS-N) is the Navy system of record to fulfill Department of Defense (DoD) readiness reporting requirements.

c. Defense Medical Logistics Standard Support (DMLSS) is the system of record to fulfill DoD readiness reporting to include: materiel, facilities, services, and information resources essential to patient care in peace and wartime.

4. Responsibilities

a. Deputy Chief, Medical Operations (BUMED-M3). As the executive lead for Navy Medicine Readiness and Readiness Reporting, Contingency Support (BUMED-M3B6) will provide assessments of manpower, training, and logistics readiness and readiness reporting for current platforms of record on a quarterly basis.

- b. Deputy Chief, Total Force (BUMED-M1). Ensure enterprise-wide medical personnel platform readiness elements are within standards, are ready for reporting, and reflected in respective systems of record.
 - c. Deputy Chief, Installations and Logistics (BUMED-M4). Ensure Navy Medicine logistics readiness elements, including platform equipment sets, are ready to execute requirements of respective platform Required Operational Capabilities and Projected Operational Environment.
 - d. Deputy Chief, Innovations and Strategy (BUMED-M5). Align Navy Medicine deployment readiness strategy with Fleet, Maritime, Joint, and DoD strategic plans. Assure support of current programs of record and capabilities per the Fleet Response Plan.
 - e. Deputy Chief, Information Management/Information Technology (BUMED-M6). Per reference (c), align all Navy readiness reporting systems to fulfill DRRS-N import requirements.
 - f. Deputy Chief, Education and Training (BUMED-M7). Establish policy for Naval Systems Training Programs (NSTPs). Ensure individual and platform training programs are active and sufficiently meet readiness requirements.
 - g. Reserve Policy and Integration (BUMED-M10). Ensure Reserve Component readiness data is in EMPARTS.
 - h. Commanders, Commanding Officers, and Officers in Charge. Assure platform management assignment. Make Navy Medicine platforms and personnel ready and report accurate readiness elements in respective systems of record. Review local instructions and guidance immediately.
- (1) Commanders of Expeditionary Platforms are required to complete a quarterly Platform Readiness Commander's Assessment submitted to the responsible Navy Medicine Region for review.
 - (2) Commanders, Navy Medicine Regions and supporting BUMED codes are required to monitor, prioritize, and report progress of these initiatives quarterly.
 - (3) Commands are required to support the Readiness Strategic Goal via respective Navy Medicine Region or BUMED code. Navy Medicine Region and local personnel departments ensure qualified personnel are assigned to billet specific operational platforms. Non-deployable members will have a ready alternate identified.
5. Records. Records created as a result of this notice, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

BUMEDNOTE 6000

26 Sep 2013

6. Reports Exemption. The reports required in paragraphs 3(a) through 3(c), 4(a) through 4(g), and 4(h)(1) through 4(h)(3) are exempt from reports control per SECNAV M-5214.1 of December 2005, Part IV, paragraphs 7(g) and 7(h).



M. L. NATHAN

Distribution is electronic only via the Navy Medicine Web Site at:
<http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx>